

APPENDIX L

SITE SPECIFIC SAFETY AND HEALTH PLAN

SITE SAFETY AND HEALTH PLAN (SSHP)


**Twin Parks Estates
Tarrant County, TX
K06TX002801**

The purpose of this site visit is to reconnoiter, document, and photograph areas suspected to be contaminated with unexploded ordnance and/or toxic chemical munitions.

**PREPARED BY:
OFFICE
ADDRESS
PHONE
DATE PREPARED**

Gregg E. Kocher
USACE, CEMVS-ED-P
1222 Spruce St. St. Louis, MO
(314) 331-8790
13 December 1999

REVIEWED/APPROVED BY:



SSHO

NOTE: This SSHP is to be used only for non-intrusive site visits and must be approved by safety prior to the start of the field visit. All team members must read and comply with the SSHP, and attend the safety briefings. The Site Safety and Health Officer (SSHO) shall ensure that the Safety Briefing Checklist and the SSHP acceptance form (Appendix C) are filled out prior to the start of the site visit.

I. SITE DESCRIPTION AND PREVIOUS INVESTIGATIONS

A. Site Description: The former Grand Prairie Naval Air Station Bombing Range is situated at the corner of Harris and Matlock Roads, Arlington, TX. Acquired in 1940, the site consisted of 162.06 acres. Aircraft from the Grand Prairie NAS used the site as a practice bombing range. Twin Parks Estates purchased the land in 1983 for a mobile home park. Construction was halted when a miniature practice bomb was unearthed. Today, homes are being built on the site.

1) **Size** approximately 165 acres (total)

2) **Present Usage** (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Military | <input type="checkbox"/> Recreational | <input type="checkbox"/> Other (specify) |
| <input checked="" type="checkbox"/> Residential | <input type="checkbox"/> Commercial | |
| <input type="checkbox"/> Natural Area | <input type="checkbox"/> Industrial | |
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Landfill | |
| <input type="checkbox"/> Secured | <input type="checkbox"/> Active | <input type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/> Unsecured | <input checked="" type="checkbox"/> Inactive | |

B. Past Uses: None identified.

C. Surrounding Population (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Rural | <input checked="" type="checkbox"/> Residential | <input type="checkbox"/> Other (specify) |
| <input checked="" type="checkbox"/> Urban | <input type="checkbox"/> Industrial | |
| <input checked="" type="checkbox"/> Commercial | | |

D. Ordnance/Explosives (OE) Potential: Practice bombs (MK23 miniature 3-lb, as well as an older MKI type).

II. DESCRIPTION OF ON-SITE ACTIVITIES (check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Walk-through | <input type="checkbox"/> Drive-through | <input type="checkbox"/> Other (specify) |
| <input checked="" type="checkbox"/> On-Path | <input type="checkbox"/> On-road | |
| <input checked="" type="checkbox"/> Off-Path | <input type="checkbox"/> Off-road | |

III. SITE PERSONNEL AND RESPONSIBILITIES

A. Responsibilities

1. **Project Manager** The Corps of Engineers Project Manager (PM) is overall responsible for the site visit. He/She will assign a Team Leader, (in most situations this will be the PM). The PM will ensure that the SSHP is completed along with coordinating and executing the site visit.

2. **Site Safety and Health Officer** The SSHO is designated to conduct safety, enforce the SSHP, conduct safety briefings and ensure that the team leader can safely fulfill his objectives. The SSHO will maintain the safety gear and monitor on-site operations. The SSHO is responsible for identifying, marking and reporting any unexploded ordnance and explosives.

B. Team Members

NAME	POSITION	ADDRESS	PHONE
Thomas Murrell	PM	CEMVS-ED-P	314-331-8787
Gregg Kocher	SSHO	CEMVS-ED-P	314-331-8790

IV. OVERALL HAZARD EVALUATION (check one)

☐ High ☐ Moderate ☒ Low ☐ Unknown

This assessment was developed using the Site Investigation Hazard Analysis and Risk Assessment Code Matrix.

V. GENERAL PRECAUTIONS Prior to the on-site visit, all team members are required to read this SSHP and sign the form acknowledging that they have read and will comply with it. In addition, the SSHO shall hold a brief tailgate meeting in which site specific topics regarding the day's activities will be discussed. If unanticipated hazardous conditions arise, team members are to stop work, leave the immediate area and notify the SSHO. The buddy system is enforced at all times.

VI. STANDARD OPERATION SAFETY PROCEDURES, ENGINEERING CONTROLS AND WORK PRACTICES

A. Site Rules/Prohibitions At any sign of unanticipated hazardous conditions, stop tasks, leave the immediate area and notify the SSHO. Smoking, eating and drinking allowed in designated areas only.

B. Material Handling Procedures Do not handle.

C. Drum Handling Procedures Do not handle.

D. Confined Space Entry An area identified as a Permit Required Confined space will not be entered. All confined spaces shall be considered permit required confined spaces until the pre-entry procedures demonstrate otherwise. Confined spaces may be entered without a written permit or attendant provided the space is determined not to be a permit required confined space as specified in 29 CFR 1910.146.

E. Electrical Protection Overhead power lines, downed electrical wires and buried cables pose a danger of shock and electrocution. In addition, buildings may contain exposed wiring that may hold a potential load. Workers should avoid contact with any and all exposed wire and cables

F. Spill Containment N/A

G. Excavation Safety Do not enter trenches/excavations.

H. Illumination Site visits will be conducted during daylight hours only.

I. Sanitation Use existing sanitary facilities.

J. Buddy System Individuals will maintain constant contact with other personnel at all times. No one will work alone at any time during the site visit.

K. Engineering Controls N/A

L. Insects Wearing light colored clothing and tucking in the pant legs can reduce contact. In severely infested area it may be necessary to tape all openings. Apply repellents to both clothing and bare skin. Diethyltoluamide (DEET) is an active ingredient in many repellents, which are effective against ticks and other insects. Repellents containing DEET can be applied on exposed areas of skin and clothing. However, repellents containing permethrin should be used on only clothing. For more information on insect bites, refer to Appendix B.

M. Poisonous Vegetation Recognition and avoidance is the best protection. Cover all exposed skin. If it is known or suspected that an individual has been exposed, wash the effected area with soapy water.

N. Inclement Weather When there are warnings or indications of impending severe weather (heavy rains, strong winds, lightning, tornadoes, etc.), weather conditions shall be monitored and appropriate precautions taken to protect personnel and property from the effects of the severe weather.

O. Hot Weather In hot environments, cool drinking water shall be made available and workers shall be encouraged to frequently drink small amounts, e.g., one cup every 15 - 20 minutes; the water shall be kept reasonably cool. In those situations where heat stress may impact worker safety and health, work regimens shall be established. Environmental monitoring of the Wet Bulb Globe Temperature Index shall be conducted and work loads and work regimens categorized as specified in the American Conference of Governmental Industrial Hygienist (ACGIH) publication "Threshold Limit Values and Biological Exposure Indices". For more information on Heat Stress refer to Appendix A of this SSHP.

P. Cold Weather Cold injury (frost bite and hypothermia) and impaired ability to work are dangers at low temperatures and when the wind-chill factor is low. To guard against them; wear appropriate clothing; have warm shelter readily available; carefully schedule work and rest periods, and monitor workers' physical conditions.

Q. Off-Road Driving Ensure all emergency equipment is available with the vehicle i.e. tire changing equipment. Drivers shall familiarize themselves with the procedures for engaging four-wheel drive systems before the need for added traction arises. Vehicles will not be driven into an environment that is unknown, such as deep water, or an unstable surface. Vehicles will not be driven into a suspected ordnance impact area.

R. Ordnance

1. General Information

- a. The cardinal principle to be observed involving explosives, ammunition, severe fire hazards or toxic materials is to limit the exposure to a minimum number of personnel, for the minimum amount of time, to a minimum amount of hazardous material consistent with a safe and efficient operation.
- b. The age or condition of an ordnance item does not decrease the effectiveness. Ordnance that has been exposed to the elements for extended periods of time may become more sensitive to shock, movement, and friction, because the stability agent in the explosives may be degraded.
- c. When chemical agents may be present, further precautions are necessary. If the munition item has green markings leave the area immediately, since it may contain a chemical filler.
- d. Consider ordnance that has been exposed to fire as extremely hazardous. Chemical and physical changes may have occurred to the contents, which render it more sensitive than it was in its original state.

2. On-Site Instructions

- a. DO NOT TOUCH or MOVE any ordnance items regardless of the markings or apparent condition.
- b. DO NOT conduct a site visit during an electrical storm or an approaching electrical storm. If a storm approaches during the site visit leave the site immediately and seek shelter.
- c. DO NOT use a radio or cellular phone in the vicinity of a suspect ordnance item.

- d. DO NOT walk across an area where the ground cannot be seen.
- e. DO NOT drive a vehicle into a suspected OE area; use clearly marked lanes.
- f. DO NOT carry matches, cigarettes, lighters or other flame producing devices into a OE site.
- g. DO NOT rely on color code for positive identification of ordnance items or their contents.
- h. Approach ordnance items from the side; avoid approaching from the front or rear.
- i. Always assume ordnance items contain a live charge until it can be determined otherwise.
- j. Dead vegetation and animals may indicate potential chemical contamination. If a suspect area is encountered, personnel should leave the immediate area and evaluate the situation before continuing the site visit.

3. Specific Action Upon Locating Ordnance

- a. DO NOT touch, move or jar any ordnance item, regardless of its apparent condition.
- b. DO NOT be misled by markings on the ordnance item stating "practice", "dummy" or "inert". Practice munitions may contain an explosive charge used for spotting the point of impact. The item may also be mislabeled.
- c. DO NOT roll the item over or scrape the item to read the markings.
- d. The location of any ordnance items found during site investigations should be clearly marked so it can be easily located and avoided.
- e. Reporting will be conducted in accordance with CELMS-PM-M, Standard Operating procedure for Reporting Ordnance and Unexploded Ordnance (UXO), dated 19 January 1995.

VI. SITE CONTROL AND COMMUNICATIONS

- A. **Site Map** Any maps will be maintained by the PM or Safety Officer.
- B. **Site Work Zones** N/A

C. Buddy System Individuals will maintain constant contact with other personnel at all times. No one will work alone at any time during the site visit.

D. Communications

1. On-Site Verbal communications will be used among team members.

2. Off-Site Communications shall be established on every site. Communications may be established by using a cellular, public or private phone which may be readily accessible. (specify below)

☐ Cellular phone

☒ Public/private phone

☐ Other

3. Emergency Signals In the case of small groups, a verbal signal for emergencies will suffice. An emergency signal for large groups (i.e. air horn, whistle) should be incorporated at the discretion of the SSHO. (specify below)

☐ Verbal

☒ Nonverbal (specify) - whistle

VII. EMERGENCY RESPONSE Team members are to be alert to the dangers associated with the site at all times. If an unanticipated hazardous condition arises, stop work, evacuate the immediate area and notify the SSHO. A First Aid Kit and emergency eye wash (if applicable) will be located in the field vehicle. If qualified persons (i.e. fire department, medical facility or physician) are not accessible within five minutes of the site, at least two team members shall be qualified to administer first aid and CPR.

A. Emergency/Important Telephone Numbers

Emergencies	911
Tarrant County Sheriff.....	(817) 884-1212
Arlington Medical Center	(817) 465-3241
79th Ord Bn (EOD), Ft. Sam Houston, TX	(210) 221-2457/0476
797th Ord Co (EOD), Ft. Sam Houston, TX	(210) 221-2906/9541
Huntsville Safety Office	(256) 895-1598/1596
Huntsville Safety (after hours)	(256) 895-1180
On-site cellular phone.....	
St. Louis Corps of Engineers	(314) 331-8036

B. Hospital/Medical Facility Information

Name: Arlington Medical Center

Address: 3301 Matlock Road, Arlington, TX (817) 465-3241

Distance to hospital: approximately 1.5 miles

Route to Hospital: refer to the site map included with this SSHP.

VIII. MONITORING EQUIPMENT AND PROCEDURES

A. Exposure Monitoring For non-intrusive on-site activities such as site visits, air monitoring is typically not required. However, if the site situation dictates the need for monitoring, complete the following information on a separate page and attach the page to the SSHP.

1. Monitoring Equipment To Be Utilized N/A

2. Equipment Calibration Results N/A

3. Action Levels N/A

B. Heat/ Cold Stress Monitoring

1. Heat Stress monitoring criteria published in Chapter 8 of the NIOSH/OSHA/USCG/EPA "Occupational Safety and Health Guidance Manual for Hazardous Waste Site Activities" shall be followed.

2. Cold Stress monitoring shall be conducted in accordance with the most current published American Conference of Governmental Industrial Hygienists (ACGIH) cold stress standard.

IX. PERSONAL PROTECTIVE EQUIPMENT Typically, for non-intrusive site visits, Level D is required. If a higher level of protection is to be used initially or as contingency, a brief discussion will be attached. At a minimum personnel shall wear clothing suitable for the weather and work condition. The minimum for field work shall be short sleeve shirt, long trousers, and leather or other protective work shoes or boots. If a higher level of protection is to be used initially or as contingency, a brief discussion will be attached.

A. Footwear Footwear providing protection against puncture shall meet the applicable requirements as stated in EM 385-1-1, paragraph 05.A.08. All activities which personnel are potentially exposed to foot hazards will be identified and documented in a hazard analysis. As an exception to wearing steel-toed boots, GSA-approved protective-sole boots are authorized.

B. Hand Protection Persons involved in activities that subject the hands to injury (e.g., cuts, abrasions, punctures, burns, etc.) shall use leather gloves.

D. Head Protection Hardhats shall be worn when personnel are subject to potential head injury. The identification and analysis of head hazards will be documented in a hazard analysis.

E. Eye Protection Personnel will wear eye protection when activities present potential injuries to the eyes. All eye protection equipment shall meet the requirements as stated in EM 385-1-1, paragraph 05.B.

X. DECONTAMINATION PROCEDURES Decontamination procedures are not anticipated for this site investigation. Team members are cautioned not to walk, kneel or sit on any surface with potential leaks, spills or contamination.

XI. TRAINING All site personnel shall have completed the training required by EM 385-1-1 and 29 CFR 1910.120 (e). The U.S. Army Corps of Engineer (USACE) Project Manager shall ensure, and the SSHO shall verify, that all on-site personnel have completed appropriate training. Additionally, the SSHO shall inform personnel before entering of any potential site-specific hazards and procedures.

XII. MEDICAL SURVEILLANCE PROGRAM The USACE Project Manager shall ensure, and the SSHO shall verify, that all on-site personnel are on the Medical Surveillance Program meeting the requirements of 29 CFR 1910.120, and ANSI Z-88.2, as appropriate, depending on the personnel protective equipment (PPE) and site specific tasks.

NAME	HAZWOPER DATE	PROVIDER	MEDICAL DATE
Thomas Murrell	21 DEC 99	Corps of Engineers	JAN 99
Gregg Kocher	21 DEC 99	Corps of Engineers	JUL 99

XIII. LOGS, REPORTS AND RECORD KEEPING Site logs are maintained by the Project Manager and SSHO. This is to include historical data, personnel authorized to visit the site, all records, standard operating procedures, air monitoring logs and the SSHP.

XIV. GENERAL The number of personnel visiting the site shall be a limited to a minimum of two, maximum of eight. The more personnel on-site, the greater potential for an accident. The SSHO may modify this SSHP if site conditions warrant it and without risking the safety and health of the team members. This modification will be coordinated with the team members. The SSHO shall notify Corps of Engineers Safety Office in Huntsville, AL. of the change as the situation allows.

APPENDIX A

HEAT- RELATED INJURIES

Once the signals of a heat-related illness begin to appear, the victim's condition can quickly get worse. A heat related illness can result in death. If you see any of the signals of sudden illness, and the victim has been exposed to extremes of heat, suspect a heat-related illness.

People at risk for heat-related illness include those who work or exercise outdoors, elderly people, young children, and people with health problems. Also at risk are those who have had a heat-related illness in the past, those with medical conditions that cause poor blood circulation, and those who take medications to get rid of water from the body (diuretics).

People usually try to get out of extreme heat before they begin to feel ill. However, some people do not or can not. Those that work outdoors often keep working even after they begin to feel ill. Many times, they might not even recognize that they are in danger of becoming ill.

Heat cramps, heat exhaustion, and heat stroke are conditions caused by overexposure to heat. You can help prevent heat-stress emergencies by recognizing and properly treating symptoms. Below is a quick reference guide to heat-related emergencies:

HEAT CRAMPS Heat cramps are the least severe, and often are the first signals that the body is having trouble with the heat. *Symptoms* include: muscle twitching; painful spasms in the legs, arms or abdomen.

WHAT TO DO:

- Have the individual rest in a cool place.
- Give cool water or a commercial sports drink.
- Lightly stretch the muscle and gently massage the area.

HEAT EXHAUSTION Heat exhaustion is a more severe condition than heat cramps. *Symptoms* include: cool, moist, pale, or flushed skin, headache, nausea, dizziness, weakness, and exhaustion.

HEAT STROKE Heat stroke is the least common but most severe heat emergency. It most often occurs when people ignore the signals of heat exhaustion. Heat stroke develops when the body systems are overwhelmed by heat and begin to stop functioning. **Heat stroke is a serious medical emergency.** *Symptoms* include: red, hot, dry skin; changes in consciousness; rapid, weak pulse; and rapid, shallow breathing.

WHAT TO DO: When you recognize a heat-related illness in its early stages, you can usually reverse it.

- Get the victim out of the heat.
- Loosen any tight clothing and apply cool, wet cloths, such as towels or sheets.

If the victim is conscious, give cool water to drink. Do not let the conscious victim drink too quickly. Give about 1 glass (4 ounces) of water every 15 minutes.

Let the victim rest in a comfortable position, and watch carefully for changes in his or her condition. The victim should not resume normal activities the same day.

Refusing water, vomiting, and changes in consciousness mean that the victim's condition is getting worse. Call for an ambulance immediately if you have not already done so.

If the victim vomits, stop giving fluids and position them on their side.

Watch for signals of breathing problems.

Keep the victim lying down and continue to cool the body any way you can. If you have ice packs or cold packs, place them on each of the victim's wrists and ankles, on the groin, in each armpit, and on the neck to cool the large blood vessels.

APPENDIX B

BITES AND STINGS

Scorpions, Bees and Spiders

Bee stings are painful, but rarely fatal. Some people however, have a severe allergic reaction to an insect sting. This allergic reaction may result in a breathing emergency. If an insect stings someone, remove the stinger. Scrape it away with from the skin with your fingernail or plastic card, such as a credit card, or use tweezers. If you use the tweezers, grasp the stinger, not the venom sac. Wash the site with soap and water. Cover it to keep it clean. Apply a cold pack to the area to reduce the pain and swelling. Watch the victim for signals of an allergic reaction.

Scorpions live in dry regions of the southwestern United States and Mexico. They live under rocks, logs, and the bark of certain trees and are most active at night. Only a few species of scorpions have a sting that can cause death.

There are only two spiders in the United States whose bite can make you seriously sick or be fatal. These are the black widow spider and the brown recluse. The black widow is black with a reddish hourglass shape on the underside of its body. The brown recluse is light brown with a darker brown, violin-shaped marking on the top of its body. Both spiders prefer dark, out of the way places. Often, the victim will not know that he or she has been bitten until he or she starts to feel ill or notices a bite mark or swelling.

Symptoms: include nausea and vomiting, difficulty breathing or swallowing, sweating and salivating much more than normal, severe pain in the sting or bite area, a mark indicating a possible bite or sting, and swelling of the area.

First Aid: if someone has been stung by a scorpion or bitten by a spider he or she thinks is a black widow or brown recluse, wash the wound, apply a cold pack to the site, and get medical help immediately.

REPTILES

Venomous snakes exist in all parts of the continental United States. The pit viper family represents the greatest hazard in the field. This group includes the rattlesnakes and moccasins (copperhead and cottonmouth). Consider wearing snake chaps in areas of known infestation. Walking in grasses and shrubs that prevent seeing exactly where you are stepping, should be avoided. Extreme caution should be exercised in areas where alligators are present, particularly during the nesting season. Consulting a local resident or authority, such as a fish and wildlife or park ranger, is prudent before entering such areas.

First Aid: Often, a venomous snake will strike without injecting any venom into the wound. This is known as a dry bite. In any event, whenever bitten by a snake, especially if positive identification cannot be made, medical help should be sought immediately. Reassure and keep the victim calm. Keep limbs below the level of the heart. Clean the bite area, and get the person

to a medical facility. Do not make incisions or suck the poison with the mouth. If medical help is many hours away, place a constricting band between the wound and the heart (it should be at least two inches wide and be able to slip a finger underneath).

Ticks - Lyme Disease

Transmission:

Lyme Disease (LD) is most commonly transmitted by a tick bite (usually painless). The tick vectors include *Ixodes scapularis* (Deer Tick), *Ixodes dammini* (Deer tick), *Amblyomma americanum* (Lone Star Tick) and *Ixodes pacificus*. *Ixodes dammini* was thought to be the only species responsible for transmission until it was shown to be the same as *Ixodes scapularis* in 1993. The ticks prefer to live in wooded areas, low growing grassland, seashores and yards. Depending on the location, anywhere from less than 1% to more than 90% of the ticks are infected with spirochetes.

The Deer tick has a 2 year life cycle and must feed 3 times. In the larvae stage, it is tan, the size of a pin head and feeds on small animals like the mouse where it can pick up the spirochete. During the nymph stage the tick is the size of a poppy seed, beige or partially transparent and feeds on larger animals such as cats, dogs and humans. The adult ticks are black and/or reddish and feed on cattle, deer, dogs and humans. The Lone Star tick is gray with a white dot. April through October is considered the "tick season" even though Lyme disease is a year round problem. Ticks are very active in the spring and early summer.

Location:

Cases of Lyme disease have been reported in virtually every state, although the Northeastern, Great Lakes, and Pacific Northwest areas are particularly endemic.

Symptoms:

Lyme disease is called the "Great Imitator" because it can mimic many other diseases, which makes diagnosis difficult. A rash can appear several days after infection, or not at all. It can last a few hours or up to several weeks. The rash can be very small or very large (up to twelve inches across). A "bulls-eye" rash is the hallmark of LD. It is a round ring with central clearing. Unfortunately, this is not the only rash associated with Lyme. Various other rashes associated with LD have been reported. One bite can cause multiple rashes. The rash can mimic such skin problems as hives, eczema, sunburn, poison ivy, flea bites, etc. The rash can itch or feel hot or may not be felt at all. The rash can disappear and return several weeks later. For those with dark skin the rash will look like a bruise. If you notice a rash, take a picture of it. Some physicians require evidence of a rash before prescribing treatment.

Early Symptoms: Several days or weeks after a bite from an infected tick, a patient usually experiences "flu-like" symptoms such as aches and pains in their muscles and joints, low grade fever, and/or fatigue.

Other Possible Symptoms -- No organ is spared:

- Jaw -- pain, difficulty chewing
- Bladder -- frequent or painful urination, repeated "urinary tract infection"
- Lung -- respiratory infection, cough, asthma, pneumonia
- Ear -- pain, hearing loss, ringing, sensitivity to noise
- Eyes -- pain due to inflammation, sensitivity to light, scleritis drooping of eyelid, conjunctivitis, blurring or double vision
- Throat -- sore throat, swollen glands, cough, hoarseness, difficulty swallowing
- Neurological -- headaches, facial paralysis, seizures, meningitis, stiff neck, burning, tingling, or prickling sensations, loss of reflexes, loss of coordination, MS like syndrome
- Stomach -- pain, diarrhea, nausea, vomiting, abdominal cramps, anorexia
- Heart -- weakness, dizziness, irregular heart-beat, myocarditis, pericarditis, palpitations, heart block, enlarged heart, fainting inflammation of muscle or membrane, shortness of breath, chest pain
- Joint -- arthralgias or arthritis, muscle inflammation and pain
- Other Organs -- liver infection, elevated liver enzymes, enlarged spleen, swollen testicles, irregular or ceased menses
- Neuropsychiatric -- mood swings, irritability, poor concentration, cognitive loss, memory loss, loss of appetite, mental deterioration, depression, disorientation, sleep disturbance
- Pregnancy -- miscarriage, premature birth, birth defects, stillbirth
- Skin -- single or multiple rash, hives

The above is a list of possible symptoms. They can occur in any combination. You may have one or several symptoms but not everyone will experience every symptom. Lyme affects each host in a different way. Having one or many of these symptoms does not indicate that you have Lyme disease. Diagnosis for Lyme is a clinical one and must be made by a physician experienced in recognizing LD. Serological testing is not reliable.

Lyme Disease Prevention:

- Dress properly, wear long-sleeved shirts that button at the wrist, long pants tucked into socks, and closed shoes. Choose light-colored fabric so you can spot and brush off ticks.
- Apply approved tick repellent and use only as directed. Products that contain DEET are tick repellents. They do not kill the tick and are not 100% effective in discouraging a tick from feeding on you. Products like Permanone contain permethrin and are known to kill ticks. However, they are not to be sprayed on the skin. Permanone can be sprayed on clothing. Once it is dry it is assumed to be safe. Ticks are anti-gravitational. They are generally seeking the highest point. If they get on your body below the clothes line, one hopes they will travel up and die once they come in contact with treated clothing.
- Always do regular tick checks when outdoors.
- Shower after all outdoor activities are over for the day. If the tick is still wandering it may wash off. Check all body parts that bend. Run fingers gently over skin. If there is a tick and it is

attached, it will feel like the last piece of scab left before a cut completely heals. Remove ticks promptly and properly from yourself.

Proper Tick Removal:

Using fine-tipped tweezers, grasp tick close to the skin. Apply gentle, steady straight upward pressure to remove. Disinfect the bite site. Do not squeeze the body, apply Vaseline, use a burnt match, or clean with alcohol while the tick is attached. Any of these actions could cause transmission of the bacteria. Save the tick for testing. Put it in a vial or zip lock bag with a blade of grass. Contact your doctor for further instructions.

The best defense against LD is education. Know your facts.

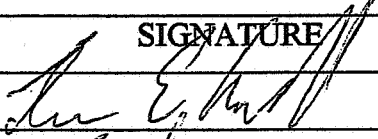
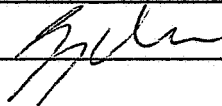
APPENDIX C

SSHPP ACCEPTANCE FORM
ABBREVIATED SITE SAFETY AND HEALTH PLAN
FOR

Twin Parks Estates

Tarrant County, TX

I have read and agree to abide by the contents of the Site Safety and Health Plan.

NAME	OFFICE	SIGNATURE	DATE
Thomas Murrell	CEMVS-ED-P		11 JAN 00
Gregg Kocher	CEMVS-ED-P		11 JAN 00

SITE SURVEY SAFETY BRIEFING

(Check subjects discussed)

Date: 11 JAN 00

GENERAL INFORMATION

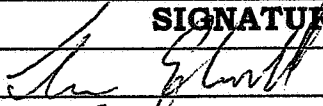
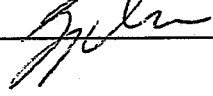
- ☒ Purpose of Visit
- ☒ Identify Key Site Personnel

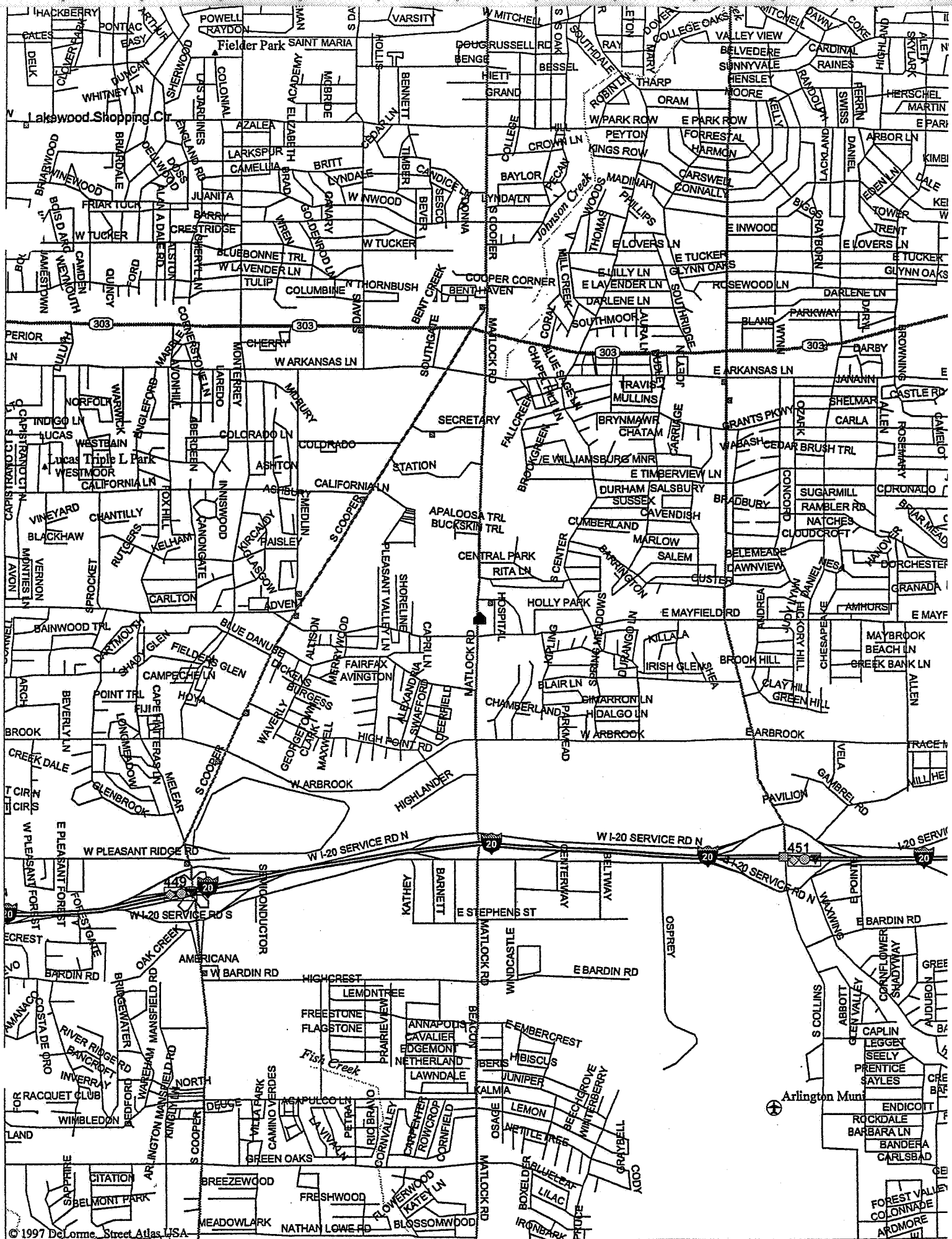
SITE SPECIFIC INFORMATION

- ☒ Site Description/Past Use
- ☒ Results of Previous studies
- ☒ Potential Site Hazards
- ☒ OE Safety Procedures
- ☒ Site SOP
- ☒ Site Control and Communications
- ☒ Emergency Response
 - () Location of First aid Kit
 - () Emergency Phone Numbers
 - () Map to Facility
- ☒ PPE
- ☒ Weather Precautions
 - () Cold/Heat
 - () Severe Weather

Safety Briefing Attendance

All team members and any accompanying personnel will be briefed and sign this form.

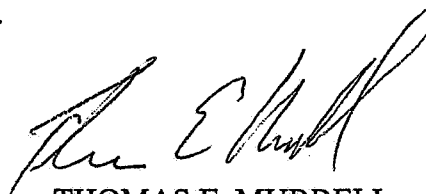
NAME (Print)	ORGANIZATION	SIGNATURE
Thomas Murrell	USACE-CEMVS-ED-P	
Gregg Kocher	USACE-CEMVS-ED-P	



MEMORANDUM FOR RECORD

SUBJECT: Site Visit for Twin Parks Estates, Project Number K06TX002801

1. On 11 Jan 00, Gregg Kocher and myself conducted an ordnance site visit at the Twin Oaks Estates (former Navy bombing Target). Construction workers at the site were able to identify areas where practice bombs had previously been found.
2. Two practice bombs were inspected, which were expended. Open areas of the site were walked and no additional bombs were found. Construction workers indicated that when digging occasionally practice bombs will be uncovered. Much of the area has been re-graded for a new sub-division. No surface indications of burials of ordnance were found.
3. POC is the undersigned at 314-331-8787.



THOMAS E. MURRELL
Project Manager